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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|--------------|
| Attorney Docket Number | 506-001 |
| First Named Inventor | Lisa Lofaro |
| COMPLETE IF KNOWN | |
| Application Number | / TBA |
| Filing Date | May 24, 2001 |
| Group Art Unit | TBA |
| Examiner Name | TBA |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CARRIER DEVICE FOR TRANSPORTING OBJECTS IN VEHICLES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
|-------------------------------------|---------|----------------------------------|--------------------------|--|
| | | | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name: Ward & Olivo

Address: 708 Third Avenue

Address:

City: New York State: New York ZIP: 10017

Country: U.S.A. Telephone: (212) 697-6262 Fax: (212) 972-5866

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Family Name Lofaro
(first and middle [if any]) Lisa or Surname

Inventor's Signature Date

Residence: City League City State TX Country U.S.A. Citizenship U.S.A.

Mailing Address 123 Coral Bay Drive

Mailing Address

City League City State TX ZIP 77573 Country U.S.A.

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Family Name
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

Mailing Address

City State ZIP Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--------------|
| Application Number | TBA |
| Filing Date | May 24, 2001 |
| First Named Inventor | Lisa Lofaro |
| Group Art Unit | TBA |
| Examiner Name | TBA |
| Attorney Docket Number | 506-001 |

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| John W. Olivo, Jr. | 35,634 |
| John F. Ward | 33,811 |
| David M. Hill | 46,170 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

| | | | | |
|---|------------------|-------|----------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Ward & Olivo | | | |
| Address | 708 Third Avenue | | | |
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| Country | U.S.A. | | | |
| Telephone | (212) 697-6262 | Fax | (212) 972-5866 | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | |
|-----------|-------------|--|
| Name | Lisa Lofaro | |
| Signature | | |
| Date | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.